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FAX TRANSMISSION COVER SHEET

April 14, 2006

To: Telephone: Fax Number:
**United States Patent and Trademark
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From: Gerald T. Sekimura Client Matter Number:
(Reg. No. 30,103)
415.836.2500

Re: Request for Withdrawal as Attorney or Agent of Record

Pages: - 3 - (including this form) **Originals:**

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PAGE 1/3 * RCVD AT 4/14/2006 7:13:58 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/45 * DNIS:2738300 * CSID:415 836 2501 * DURATION (min:ss):01:18

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PTO/SB/21 (09-04)

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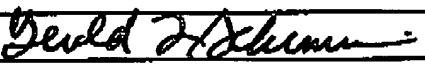
Total Number of Pages in This Submission

| | |
|--|-------------------|
| Application Number | 10/829,403 |
| Filing Date | April 20, 2004 |
| First Named Inventor | Marco Tartagni |
| Art Unit | 2858 |
| Examiner Name | Vincent Q. NGUYEN |
| Total Number of Pages in This Submission | 2 |
| Attorney Docket Number | 357094-991104 |

ENCLOSURES (Check all that apply)

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|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | DLA Piper Rudnick Gray Cary US LLP | | |
| Signature |  | | |
| Printed name | Gerald T. Sekimura | | |
| Date | April 14, 2006 | Reg. No. | 30,103 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

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| Typed or printed name | Ta-Tanisha L. Moore | Date | April 14, 2006 |
|-----------------------|---------------------|------|----------------|

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PTO/SB/83 (01-06)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 10/829,403 |
| Filing Date | April 20, 2004 |
| First Named Inventor | Marco Tartagni |
| Art Unit | 2858 |
| Examiner Name | Vincent Q. NGUYEN |
| Attorney Docket Number | 357094-991104 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 29585

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

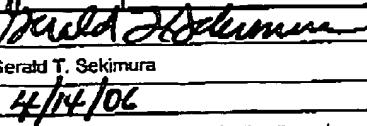
The reasons for this request are: The application is being transferred to another attorney.

CORRESPONDENCE ADDRESS

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| City | | Los Altos | State | California | Zip 94022 |
| Country | | U.S.A. | | | |
| Telephone | | (650) 941-4470 | | Email | |
| Signature |  | | | | |
| Name | Gerald T. Sekimura | | | Registration No. | 30,103 |
| Date | 4/14/06 | | | Telephone No. | (415) 836-2500 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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